11416

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) 10 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emmanuel Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Willard
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Benton (Middle) Reece (Last) Adkins
4. DATE OF DEATH (Month) November (Day) 20 (Year) 1951
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Apr. 5 1894
9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Shirt Factory
11. BIRTHPLACE (State or foreign country): Willards, Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Elijah Adkins
14. MOTHER'S MAIDEN NAME: Laura Baker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-05-3931
17. INFORMANT AND ADDRESS: Nancy M. Adkins, Willards, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	Symptoms 3 months
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Nephrosclerosis	Symptom 1 yr.
1312	(c) Hypertension, Essential	3 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertensive Heart Disease	

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-10-, 1951, to 11-20-, 1951, that I last saw the deceased alive on 11-20-, 1951, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE: David Gibson — (Degree or title) MD — ADDRESS Salisbury Md — DATE SIGNED Nov. 20, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 11-22-51 — NAME OF CEMETERY OR CREMATORY New Hope Cemetery — LOCATION (City, town, or county) Willards — (State) Md.

DATE REC'D BY LOCAL REG. 11-21-51 — REGISTRAR'S SIGNATURE Mary W. Holloway — 24. FUNERAL DIRECTOR Peter W. Haley — ADDRESS Delmarville, Md

54A-VVV

RECEIVED
NOV 26 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11462

Reg. Dist. No. 575

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marsden — LENGTH OF STAY (in this place) 15 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marsden
STREET ADDRESS (If rural, give location) Main St

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) WILLIAM (Last) BACON

4. DATE OF DEATH: (Month) Nov (Day) 2 (Year) 1951

5. SEX: MALE — 6. COLOR OR RACE: W. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) — 8. DATE OF BIRTH: SEPT 7, 1876 — 9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (none) — 10b. KIND OF BUSINESS OR INDUSTRY: RETIRED — 11. BIRTHPLACE (State or foreign country): Md. — 12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: JAMES E BACON — 14. MOTHER'S MAIDEN NAME: ELIZABETH E WRIGHT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — 16. SOCIAL SECURITY NO.: NONE — 17. INFORMANT AND ADDRESS: Mrs Eleanor Bacon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 7 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 421.4 — 92d
(b) Chronic Valvular Disease — 2 years
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 29, 1951, to ~~Nov 2~~ Nov 2, 1951, that I last saw the deceased alive on Nov 2, 1951, and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

H. B. Kuhlman — Charlotte Hall Md — 11/5/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 11/5/51 — NAME OF CEMETERY OR CREMATORY Mardela Church — LOCATION (City, town, or county) Mardela — (State) Md

DATE REC'D BY LOCAL REG. 11/5/51 — REGISTRAR'S SIGNATURE Walter G Truitt — 24. FUNERAL DIRECTOR Paul Jones — ADDRESS Hayfields Md

Mary W. Holloway 100-045

RECEIVED
NOV 7 1951
BUREAU V. S.

602S9-1069.7

Dr. Litts

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11418

CERTIFICATE OF DEATH

Reg. Dist. No. 331

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 303 Mount St.

3. NAME OF DECEASED (Type or Print): (First) (Baby) (Middle) (Last) BRITTINGHAM

4. DATE OF DEATH: (Month) Nov. (Day) 26 (Year) 51

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) — 8. DATE OF BIRTH: Nov. 23-51 — 9. AGE last birthday: yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Fr. Hosp Salisbury Md — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert R. Buttingham — 14. MOTHER'S MAIDEN NAME: Melva Ann Wootten

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY No. — 17. INFORMANT AND ADDRESS: Robert R. Buttingham (Father) 303 Mount St. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

776X
159

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to 11-26-, 1951, that I last saw the deceased alive on 11/26, 1951, and that death occurred at 930 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Arlee W. Kitts M.D. — Salisbury, Md. — 11/26/51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF Nov. 28-51 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 11-28-51 — REGISTRAR'S SIGNATURE Grace M. Holloway — 24. FUNERAL DIRECTOR Hollowayc. Salisbury Md. — ADDRESS

Walter R. Holloway

20 28 1 20 1350

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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NOV. 30 1957
BUREAU V. S.

#V

Dr. Kitto

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11419

CERTIFICATE OF DEATH

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury.
STREET ADDRESS (If rural, give location) 303 Mount Street

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) (Last) Birmingham #V

4. DATE OF DEATH: (Month) Nov. (Day) 27 (Year) 51

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: 11-23-51 | 9. AGE last birthday: yrs. | If under 1 year: Months | Days 3 | If under 24 hrs.: Hours | Min. 4

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Peninsula Hospital Salisbury Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert R. Birmingham

14. MOTHER'S MAIDEN NAME: Melva Ann Watson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS: Robert R. Birmingham (Father) 303 Mount St. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhagic disease of Newborn — Interval between onset and death: 4 days

771.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity.

159 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NO | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/23, 1951, to 11/27, 1951, that I last saw the deceased alive on 11/27, 1951, and that death occurred at 1:35 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Albert W. Kitto, M.D. | ADDRESS Salisbury, Md. | DATE SIGNED 11/27/51

23. BURIAL CREMATION REMOVAL (Specify) | DATE THEREOF Nov. 28-51 | NAME OF CEMETERY OR CREMATORY McConnels Mem. Park | LOCATION (City, town, or county) Salisbury | (State) Md.

DATE REC'D BY LOCAL REG. 11-28-51 | REGISTRAR'S SIGNATURE Mary W. Holloway | 24. FUNERAL DIRECTOR Holloway & Salisbury Walter R. Holloway | ADDRESS Md.

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NOV 30 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11420

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place) 1 day.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula general Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Worchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edvood.
STREET ADDRESS (If rural give location) Hurlocks R.F.D.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	HENRY	Brown	11	27	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Divorced	Jan 17 1879	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Crane Engineer	Retired	North Carolina	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	215-01-9670	Mrs James H. Brown. Hurlock

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Fractured ribs and	1/2 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Internal hemorrhage	
(c)	Brain injury	1/2 hour

824.5
1700

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway	(CITY OR TOWN)	(COUNTY)	(STATE)
		Mardella	Wicomico	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
11	27	51	11-30 a.m.			Car blew tire - threw him out

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS		DATE SIGNED
J A Rademacher	MD	Dep Med Exmr	Salisbury Md	11/27/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/30/51	Firemen's Cemetery	Sharptown, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-28-51	Mary W. Holloway	Paul J. Smith	Sharptown, Md

5/13 VVV

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NOV 30 1951
BUREAU V. S.

MANN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (this place): 5 yrs. — HOSPITAL OR INSTITUTION OR STREET ADDRESS: 305 N. Division St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wico. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — STREET ADDRESS (If rural, give location): 305 N. Division St.

3. NAME OF DECEASED (Type or Print): (First) Daniel (Middle) Burton (Last) Cannon

4. DATE OF DEATH: (Month) 11 (Day) 23 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Oct. 8 1875

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Realtor

10b. KIND OF BUSINESS OR INDUSTRY: Real Estate

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Daniel B. Cannon

14. MOTHER'S MAIDEN NAME: Sallie A. Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr. Robert P. Cannon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Valvular Heart Disease — Interval Between Onset and Death: Known for 10 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ____ — Interval: 1 mo.

(c) Non-functioning Gall Bladder — for 10 mos.

421.4

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Fibroleiomyoma Uteri — ?

19a. DATE OF OPERATION: ____ — 19b. MAJOR FINDINGS OF OPERATION: ____ — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ____ — (CITY OR TOWN) ____ (COUNTY) ____ (STATE) ____

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ____ — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?: ____

22. I hereby certify that I attended the deceased from Jan., 19 51 to Nov. 23, 19 51, that I last saw the deceased alive on Nov. 23, 19 51, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

SIGNATURE: Lewis R. Mann Jr. M.D. — (Degree or title) — ADDRESS: Salisbury Md. — DATE SIGNED: 11/24/51

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: 11/25/51 — NAME OF CEMETERY OR CREMATORY: Parsons Cemetery — LOCATION (City, town, or county) (State): Salisbury Md.

DATE REC'D BY LOCAL REG.: 11-26-51 — REGISTRAR'S SIGNATURE: Mary W. Holloway — 24. FUNERAL DIRECTOR — ADDRESS: The Nifl & Johnson Co. George C. Nifl III

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11422

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place) 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) J (Last) Cleaves

4. DATE OF DEATH: (Month) Nov. (Day) 19 (Year) 1951

5. SEX: M — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) — 8. DATE OF BIRTH: Sept. 22, 1881 — 9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None — 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U-S-a.

13. FATHER'S NAME: O.R. Cleaves — 14. MOTHER'S MAIDEN NAME: Elizabeth Pallatt.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Thrombosis of Coronary artery

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c) Arteriosclerotic Heart Disease — Years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dermatitis Exfoliativa — 5 mo

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED Whilo at Work ☐ Not Whilo At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 6, 1951, to Nov 19, 1951, that I last saw the deceased alive on Nov. 19, 1951, and that death occurred at 3:40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Axel G. Paar M.D. — Deer's Head State Hosp., Salisbury Md. — 11/19/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov. 21-51 — NAME OF CEMETERY OR CREMATORY Parsons Cem. — LOCATION (City, town, or county) Salisbury Md. (State)

DATE REC'D BY LOCAL REG. 11-21-51 — REGISTRAR'S SIGNATURE Mary W. Holloway — 24. FUNERAL DIRECTOR — ADDRESS

P. Elmer Gunby Salisbury Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV. 26 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

11123

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury | LENGTH OF STAY (in this place) 8 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deershead Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Royal Oak Md, COUNTY Talbot.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Royal Oak.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) J. E. (Last) Collins.

4. DATE OF DEATH: (Month) 11 (Day) 11 (Year) 1951

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify) | 8. DATE OF BIRTH: 2-29-59 | 9. AGE last birthday: 92 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Photographer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Rev. Geo. T. D. Collins. | 14. MOTHER'S MAIDEN NAME: Louisa Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. none | 17. INFORMANT AND ADDRESS: Deershead Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Embolism — Interval between onset and death: 2 min?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic C-V-D. — 2

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Hypertrophy — 2

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-9, 1951, to 11-11, 1951, that I last saw the deceased alive on 11-11, 1951, and that death occurred at 1.40 A.m., from the causes and on the date stated above.

SIGNATURE Robert Lore, (Degree or title) MD | ADDRESS Deershead Hosp | DATE SIGNED 11-11-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 11/13/51 | NAME OF CEMETERY OR CREMATORY Spring Hill | LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 11/13/51 | REGISTRAR'S SIGNATURE D. H. Meekins | 24. FUNERAL DIRECTOR Manuel E. Flowers | ADDRESS Oxford

11-14-51 Mary W. Holloway

BUREAU V. S.

Grannie

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural, give location) Second Street

3. NAME OF DECEASED (Type or Print): (First) David (Middle) (Last) Dallas Jr.
4. DATE OF DEATH (Month) November (Day) 3 (Year) 1951

5. SEX White
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH March 23 1905
9. AGE last birthday 46 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager Resource Co.
10b. KIND OF BUSINESS OR INDUSTRY Natural Resource Co.
11. BIRTHPLACE (State or foreign country) Penna
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME David Dallas Sr.
14. MOTHER'S MAIDEN NAME Jane Rodis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None
16. SOCIAL SECURITY No. 214-10-7242
17. INFORMANT AND ADDRESS Mrs. Dara D. Dallas Pocomoke Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 15 days

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertinic Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19..., to 11/3/51, 19..., that I last saw the deceased alive on 11/3/51, 19..., and that death occurred at 9:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Fred L. Grannis M.D. — Salisbury, Md — 11/5/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov 7 1951
NAME OF CEMETERY OR CREMATORY Presbyterian
LOCATION (City, town, or county) (State) Pocomoke Md

DATE REC'D BY LOCAL REG. 11/7/51
REGISTRAR'S SIGNATURE Mary Stat...
24. FUNERAL DIRECTOR Henry H. Watson — ADDRESS Pocomoke Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

NOV 8 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 130 Davis Street

3. NAME OF DECEASED (Type or Print) (First) Lee (Middle) (Last) Dashiell

4. DATE OF DEATH (Month) November (Day) 1 (Year) 1957

5. SEX male

6. COLOR OR RACE colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Nov. 21 1906

9. AGE last birthday 44 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm

10b. KIND OF BUSINESS OR INDUSTRY Coal

11. BIRTHPLACE (State or foreign country) Laurel Del.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Clarence Dashiell

14. MOTHER'S MAIDEN NAME Anne Mae Wacker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No

16. SOCIAL SECURITY NO. 217-14-9340

17. INFORMANT AND ADDRESS Anne Mae Holloway Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart Failure.

434.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

200 a (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 29 1957, to Nov 1st 1957, that I last saw the deceased alive on Nov 1st 1957, and that death occurred at 1:55 P.M., from the causes and on the date stated above.

SIGNATURE J. Dean (Degree or title) MD ADDRESS 203 W Church St. Sbly DATE SIGNED 11/2/57

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Nov 4 1957

NAME OF CEMETERY OR CREMATORY Parsons

LOCATION (City, town, or county) Salisbury (State) Md

DATE REC'D BY LOCAL REG. 11-3-57

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Lewis R. Pittman ADDRESS Princess Anne, Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11426

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) MARYLAND — HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin — STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Bessie (Middle) (Last) Davis

4. DATE OF DEATH: (Month) (Day) (Year) November 25 1951

5. SEX: Female

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Oct. 3, 1951

9. AGE last birthday: yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: John Davis

14. MOTHER'S MAIDEN NAME: Bessie Lane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a)— Pneumonia, Bilateral.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)— Premature

(c)

INTERVAL BETWEEN ONSET AND DEATH: 11/20/51 (five days)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-3, 1951, to 11-25-, 1951, that I last saw the deceased alive on 11-25-, 1951, and that death occurred at 9:15 a.m., from the causes and on the date stated above.

SIGNATURE: Carlton W. Keen, M.D. (Degree or title) ADDRESS: Berlin, Md. DATE SIGNED: 11-26-51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 11-26-51 | NAME OF CEMETERY OR CREMATORY: Snow Hill Cemetery | LOCATION (City, town, or county) (State): Snow Hill Md

DATE REC'D BY LOCAL REG. 11-26-51 | REGISTRAR'S SIGNATURE: Mary W. Holloway | 24. FUNERAL DIRECTOR: Edgar W. Nute ADDRESS: New Church

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH — COUNTY: Wicomico — STATE: MARYLAND — LENGTH OF STAY (In this place): [illegible] — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Dorchester — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Galestown — STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Wheatley (Last) DAYTON — 4. DATE OF DEATH: (Month) Nov. (Day) 15 (Year) 1951

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: Feb. 14, 1911 — 9. AGE Last birthday: 40 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factor — 10b. KIND OF BUSINESS OR INDUSTRY: Carpenter — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Dayton — 14. MOTHER'S MAIDEN NAME: Lannie Wheatley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: None — 17. INFORMANT AND ADDRESS: Mrs Hilda Dayton, Galestown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Transected spinal cord and dislocated cervical vertebra — 3 days

902.9 / 150.2

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 11 15 1951 m. — INJURY OCCURRED While at work ☒ Not while at work ☐ — HOW DID INJURY OCCUR? Scaffold broke while repairing roof

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural cause ___, accident X, suicide ___, homicide ___, undetermined ___.*

SIGNATURE: [illegible] (Degree or title) — ADDRESS: Salisbury Md — DATE SIGNED: 11/16/51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: Nov 19, 1951 — NAME OF CEMETERY OR CREMATORY: Galestown Cemetery — LOCATION (City, town, or county) (State): Galestown Maryland

DATE REC'D BY LOCAL REG: 11-19-51 — REGISTRAR'S SIGNATURE: Mary M. Holloway — 24. FUNERAL DIRECTOR — ADDRESS: Smith & Hill Sharptown, Maryland

Paul G. Smith

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

D.C. Lawry.

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury. — LENGTH OF STAY (in this place) 11 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishopville
STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
William		Dougherty	November 11 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White		Unknown	86 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm Laborer		Philadelphia, Pa.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	—	Annie Tookey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	3-4 dys.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arterio-sclerosis.	10 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ..... , 19..... , to 11-10 , 1951 , that I last saw the deceased alive on 11-11-51 , 19..... , and that death occurred at 5:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Lee L Lawry, M.D.	Fruitland, Md	11-11-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	11-13-51	Odd Fellows Cemetery	Bishopville Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-12-51	Mary W. Holloway	Henry A. Watson	Pocomoke City, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 14 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Wicomico — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
   LENGTH OF STAY (in this place):
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 304 Wicomico St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Wicomico
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
   STREET ADDRESS (If rural, give location): 304 Wicomico St.

3. NAME OF DECEASED (Type or Print): (First) Ary (Middle) May (Last) Elliott

4. DATE OF DEATH: (Month) Nov. (Day) 16 (Year) 19 51

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 30 1877

9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Work

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Salisbury Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Hastings

14. MOTHER'S MAIDEN NAME: Eliza Hitch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mr. Harry T. Elliott (son) 304 Wicomico St. Salisbury

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Pancreas — Interval between Onset and Death: 3 months

157X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 49, to 11/16, 19 51, that I last saw the deceased alive on 11/15, 19 51, and that death occurred at 12.19 a m., from the causes and on the date stated above.

SIGNATURE: Lila A. Lusby (Degree or title) ADDRESS: Salisbury Md. DATE SIGNED: Nov. 17, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Nov. 19-51 — NAME OF CEMETERY OR CREMATORY: Head Point Cem. — LOCATION (City, town, or county): Head Point — (State): Md.

DATE REC'D BY LOCAL REG.: 11-19-51 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: W. Elmer Mayo Co. — ADDRESS: Salisbury Md.

Walter W. Mayo

NOV 23 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Wi[illegible] — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place): 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: [illegible]l Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY S[illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess An
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) L[illegible] (Middle) Polk (Last) Fi[illegible]l

4. DATE OF DEATH: (Month) [illegible] (Day) 30 (Year) 19[illegible]1

5. SEX: [illegible]

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]

8. DATE OF BIRTH: Oct. 9, 1874

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Fontaine

14. MOTHER'S MAIDEN NAME: Imogene Polk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) [illegible] (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr George B. Fitzgerald Jr.

18. MEDICAL CERTIFICATION Pr. An[illegible], I

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Coronary Artery Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

Antecedent cause(s) — DUE TO

420.1 — 94 — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Coronary Artery Atherosclerosis — 1 yr

DUE TO

(c) Cerebral Thrombosis — 9 mths

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Myocardial Insufficiency — 9 "

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 12, 1957, to Nov 20, 1957, that I last saw the deceased alive on Nov. 20, 1957, and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS (DATE SIGNED)

David J. Selum M.D. Salisbury Md. Nov. 22, 1957

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Nov. 23, 1957

NAME OF CEMETERY OR CREMATORY: Man kin presbyterian

LOCATION (City, town, or county) (State): P[illegible]

DATE REC'D BY LOCAL REG.: 12-3-57

REGISTRAR'S SIGNATURE: Mary W. Hearn

24. FUNERAL DIRECTOR ADDRESS: Leon R. Nelson [illegible]

RECEIVED
DEC. 6 1951
BUREAU V. S.

11431

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware — COUNTY Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seaford Rural
STREET ADDRESS (If rural, give location) Route 1.

3. NAME OF DECEASED (Type or Print): (First) Paul (Middle) GILBERT (Last) Ford.

4. DATE OF DEATH: (Month) November (Day) 27 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Jan 9, 1901

9. AGE last birthday: 50 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tavern owner & operator

10b. KIND OF BUSINESS OR INDUSTRY: Bar

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hiram William Ford

14. MOTHER'S MAIDEN NAME: Ella Noss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war, or dates of service)

16. SOCIAL SECURITY NO.: 191-09-6263

17. INFORMANT AND ADDRESS: Mrs. Wilhemina Hessman Ford, Seaford Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Portal Cirrhosis — Interval Between Onset and Death: 4 days

581.0 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☒ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 20, 1951, to Nov. 27, 1951, that I last saw the deceased alive on Nov. 27, 1951, and that death occurred at 1:50 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Alan Gahman M.D. Salisbury Md. Nov. 27, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec 1, 1951 — NAME OF CEMETERY OR CREMATORY: Odd Fellow Cemetery — LOCATION (City, town, or county) (State): Seaford, Sussex, Delaware

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR: Redford L. Watson Jr. — ADDRESS: Seaford, Delawar

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) a week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head Gate Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forrestville
STREET ADDRESS (If rural, give location) 4850 Forrestville Rd.

3. NAME OF DECEASED (Type or Print): (First) Sebastiano (Middle) Giannogostino (Last)

4. DATE OF DEATH: (Month) Nov. (Day) 8, (Year) 1951

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Jan. 20, 1888

9. AGE last birthday: 63 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed.

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Falcon Deers Head Hosp. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hemorrhage from jugular vein	12 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Secondary Ca of the neck left	1.5 yrs
	(c) Carcinoma of the larynx	1.5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1951, to Nov. 8, 1951, that I last saw the deceased alive on Nov. 8, 1951, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Asel A. Laar (MD). Deers Head Hate Hosp. Salisbury Md. Nov. 8, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial | Nov. 10-51 | Parsons Cemet. | Salisbury Md

DATE REC'D BY LOCAL REG. 11-9-51 | REGISTRAR'S SIGNATURE Mary M. Murray | 24. FUNERAL DIRECTOR | ADDRESS

Walter R. Holloway | Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
BJ... V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (In this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Allen
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) [illegible] (Middle) W. (Last) Hitch
4. DATE OF DEATH: (Month) Nov. (Day) 18 (Year) 19 51

5. SEX [illegible]
6. COLOR OR RACE [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH Oct. 29, 1951
9. AGE last birthday [illegible] yrs. If under 1 year: Months [illegible] Days 1 If under 24 hrs.: Hours [illegible] Min. [illegible]

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY [illegible]
11. BIRTHPLACE (State or foreign country) [illegible]
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Leithan Hitch
14. MOTHER'S MAIDEN NAME Bertha Bates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service) [illegible]
16. SOCIAL SECURITY NO. None
17. INFORMANT Leithan Hitch

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) acute fulminating Bronchopneumonia — Interval Between Onset and Death: 6 hrs

763.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

107 (c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION [illegible]
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY [illegible] (CITY OR TOWN) [illegible] (COUNTY) [illegible] (STATE) [illegible]
TIME OF INJURY (Month) (Day) (Year) (Hour) m. [illegible]
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? [illegible]

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [illegible] (Degree or title) M D ADDRESS: Deputy Med Exr Salisbury Md DATE SIGNED: 11/18/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 18-1951
NAME OF CEMETERY OR CREMATORY Allen cemetery
LOCATION (City, town, or county) [illegible] (State) [illegible]

DATE REC'D BY LOCAL REG. 11-19-51
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Lewis R. Wilson ADDRESS Princess Anne, Md.

RECEIVED
NOV 23 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron — MARYLAND — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS W Dunn

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron — STREET ADDRESS (If rural, give location) Walnut

3. NAME OF DECEASED (Type or Print): (First) [illegible] (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH: (Month) (Day) (Year) 19

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH

9. AGE: Last birthday ___ yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY

13. FATHER'S NAME [illegible] Howard

14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Miss Bertha Howard

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 4, 19 51, to Nov. 4, 19 51, that I last saw the deceased alive on Nov. 4th, 19 51, and that death occurred at 6.10 P. m., from the causes and on the date stated above.

SIGNATURE: William Emrich — (Degree or title) M.D. — ADDRESS: Hebron. — DATE SIGNED: Nov. 6-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11-8-51 — NAME OF CEMETERY OR CREMATORY: Hebron — LOCATION (City, town, or county) (State): Hebron Md.

DATE REC'D BY LOCAL REG. 11-7-51 — REGISTRAR'S SIGNATURE: Mary W. Holloway — 24. FUNERAL DIRECTOR — ADDRESS: J. Dyson Bivalve, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Wicomico; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury; LENGTH OF STAY (in this place): About 40 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 116 Catherine St. At home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury; STREET ADDRESS (If rural, give location): 116 Catherine

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Enoch		Jones	11 -	15	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	A. A.	married	8-12-1878	73 yrs.	3	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Factory Work	Chance, Somerset Co., Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	Yes - Lost	Mrs. Lillian Jones, 116 Catherine St. Sal. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio-Sclerotic Heart Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9/13 ..., 1951, to 11/15, 1951, that I last saw the deceased alive on 11/15/51, and that death occurred at 4:25 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Fred R. Prance	M.D.	Salisbury, Md.	11/15/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-20-'51	Chance Cemetery	Chance, Somerset Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-19-51	[illegible]	James B. Bushell	Salisbury, Md.

421 C

JAN 23 1951

BUREAU V. S.

Evidence for change of date of birth shown on Film G137 11/21/51 dmr.

MARYLAND STATE DEPARTMENT OF HEALTH

1st 11436

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place) 3 mo 1 week; HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barkley; STREET ADDRESS (If rural, give location) 3615 E. Lombard St.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Jane (Last) Jones

4. DATE OF DEATH: (Month) Nov. (Day) 16 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: Dec 6, 1876

9. AGE last birthday: 74 7/12 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unemployed

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mechanicsburg, Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Knall

14. MOTHER'S MAIDEN NAME: Anna Elizabeth Hinke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adenocarcinoma of Colon — Interval Between Onset and Death: ~5.5 mo

153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

46 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Operative colostomy — 5.5 mo

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 8, 1951, to Nov. 16, 1951, that I last saw the deceased alive on Nov. 16, 1951, and that death occurred at 12 53 P m., from the causes and on the date stated above.

SIGNATURE: Carl G. Paar (Degree or title) MD ADDRESS: Deer's Head State Hosp. Salisbury Md. DATE SIGNED: 11/16/51

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 11.16.51 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 11-16-51 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Charles Harris — ADDRESS:

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke — Route 3
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Clark. (Middle) (Last) Lambertson

4. DATE OF DEATH: (Month) November (Day) 26 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Oct 14, 1882

9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Isaac Lambertson

14. MOTHER'S MAIDEN NAME: Elizabeth ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs W. M. McGrath, Eden, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis

332X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Artery Sclerosis, Cerebral Cortex Atrophy

INTERVAL BETWEEN ONSET AND DEATH: 5 [illegible]

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-23, 1951, to 11-26, 1951, that I last saw the deceased alive on 11-26, 1951, and that death occurred at 12:45 P m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS Salisbury, Md. DATE SIGNED Nov. 26, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11/28/51 — NAME OF CEMETERY OR CREMATORY: Hall's Hill Baptist — LOCATION (City, town, or county) (State): Pocomoke, Md.

DATE REC'D BY LOCAL REG. 11-[illegible] — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR: Henry H. Watson, Pocomoke, Md. — ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Nutter's Convalescing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Archie (Middle) (Last) Lang

4. DATE OF DEATH: (Month) 11 (Day) 13 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: A. A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: about 1865

9. AGE last birthday: about 86 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber

10b. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): Cumberland Co., Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Madelyn Nutter, Jersey Rd. Salis. Md.

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Hypertensive Heart Disease	4 years
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 783.1	(b)	Hypertension	Unknown
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — Unknown

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1949 to Nov 13, 1951, that I last saw the deceased alive on Nov 6, 1951, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Herbert Loudsley M.D. ADDRESS Salisbury Md. DATE SIGNED 11/16/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-16-'51	Baptist Cemetery	Snow Hill, Worcester Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-16-51	Mary W. Holloway	James B. Dashiell.	Salisbury, Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manokin; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Reined; (Middle); (Last) Maddox

4. DATE OF DEATH: (Month) Nov (Day) 2 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: June 1-1892

9. AGE last birthday: 59 yrs. | If under 1 year: Months 3 | Days 1 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Labor

10b. KIND OF BUSINESS OR INDUSTRY: C

11. BIRTHPLACE (State or foreign country): Manokin Somerset Co Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John B Maddox

14. MOTHER'S MAIDEN NAME: Elizabeth Maddox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Wesley Maddox Manokin Somerset Co Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Decomp — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic C V Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-30, 1951, to 11-2, 1951, that I last saw the deceased alive on 11-2, 1951, and that death occurred at 10:[illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

William D Gray MD | Salisbury Md | 11/2/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 5-1951	Samuel Wesley	Manokin Somerset Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-3-51	Mary M. Holloway	Charles H Ward	Marion Somerset Co Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

LL TAR

CERTIFICATE OF DEATH

Reg. Dist. No. 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland. COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sharptown
STREET ADDRESS (If rural, give location): N. Ferry ST

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Norman (Last) Mann

4. DATE OF DEATH: (Month) November (Day) 17 (Year) 1951.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	Aug 8 1890	61 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
POST MASTER	POST OFFICE	Md	U-S

13. FATHER'S NAME: Walter Mann

14. MOTHER'S MAIDEN NAME: Maggie Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Sarah Mann

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute coronary insufficiency

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

420.1 94a

(c)

Interval Between Onset and Death: Days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While at Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 14, 1951, to Nov 17, 1951, that I last saw the deceased alive on Nov 16, 1951, and that death occurred at 4:50 P m., from the causes and on the date stated above.

SIGNATURE: (Degree or title) ADDRESS: DATE SIGNED: 11/19/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-21-51	Fruitland	Sharptown, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-21-51	Mary H. Holloway	Paul J. Smith	Sharptown Md

NOV 26
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Nicomis MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS School St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Nicomis
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela
STREET ADDRESS (If rural, give location) School St.

3. NAME OF DECEASED (Type or Print): (First) Bertha (Middle) May (Last) Mason
4. DATE OF DEATH: (Month) Nov. (Day) 22 (Year) 19 51

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W | 8. DATE OF BIRTH: Aug 18 1879 | 9. AGE last birthday: 72 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Athol Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Daniel Abbott
14. MOTHER'S MAIDEN NAME: Senora Cantwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Nora Bailey (daughter) Nanticoke Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coma & Diabetes
1744 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cancer of Uterus
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Debility

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 14, 1951, to Nov. 17, 1951, that I last saw the deceased alive on Nov. 17, 1951, and that death occurred at 4:17 P. m., from the causes and on the date stated above.

SIGNATURE Fred Jeina (Degree or title) ADDRESS Mardela Springs Md DATE SIGNED 11-23-51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF Nov. 25-51 | NAME OF CEMETERY OR CREMATORY Mardela | LOCATION (City, town, or county) Mardela (State) Md

DATE REC'D BY LOCAL REG. 11-26-51 | REGISTRAR'S SIGNATURE Mary M. Holloway

24. FUNERAL DIRECTOR Holloway & Tilghman ADDRESS Md
William R. Holloway

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nelson | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Md. — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nelson
STREET ADDRESS (If rural, give location) R.D.

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Virginia (Last) Messick
4. DATE OF DEATH: (Month) Nov. (Day) 13 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Dec. 12, 1876
9. AGE last birthday: 74 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Wicomico Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Sandy Gunby
14. MOTHER'S MAIDEN NAME: Virginia Watson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Virgie E. Messick (husband)

18. MEDICAL CERTIFICATION — R.D. Nelson Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

a2d (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 14th, 1951, to Nov. 13th, 1951, that I last saw the deceased alive on Nov. 13th, 1951, and that death occurred at 10.30 P m., from the causes and on the date stated above.

SIGNATURE: William Emrich (Degree or title) M.D. ADDRESS: Nelson - Md. DATE SIGNED: Nov. 14-51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: Nov. 16-51 | NAME OF CEMETERY OR CREMATORY: Nelson Cem. | LOCATION (City, town, or county) (State): Nelson Md.

DATE REC'D BY LOCAL REG. 11-15-51 | REGISTRAR'S SIGNATURE: Mary W. Holloway | 24. FUNERAL DIRECTOR: H. Holloway & S. Whiting ADDRESS: Walter R. Fullerton

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33V

1. PLACE OF DEATH
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) West Road.

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) (Last)

4. DATE OF DEATH (Month) November (Day) 13th (Year) 1951

5. SEX Male
6. COLOR OR RACE Colored.
7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH November 13-51.
9. AGE last birthday yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min. 1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland T.D.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Donald Perry.
14. MOTHER'S MAIDEN NAME Lizzie Bertha Lee Whittington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Lizzie Whittington

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fetal anoxia

774X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-13, 19.., to 11-13, 19.., that I last saw the deceased alive on 11-13, 1951, and that death occurred at 6:50 P.M., from the causes and on the date stated above.

SIGNATURE Stelman W. Smith (Degree or title) M.D. C.M. ADDRESS Salisbury Md. DATE SIGNED 11-15-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-16-51
NAME OF CEMETERY OR CREMATORY Parkside Cem.
LOCATION (City, town, or county) Salisbury (State) Md.

DATE REC'D BY LOCAL REG. 11-16-51
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Parker L. Nash ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

NOV 19 19[illegible]
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY ... MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ...
LENGTH OF STAY (in this place) ...
HOSPITAL OR INSTITUTION OR STREET ADDRESS ...

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ... COUNTY ...
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ...
STREET ADDRESS (If rural, give location) ...

3. NAME OF DECEASED (Type or Print): (First) ... (Middle) ... (Last) ...

4. DATE OF DEATH: (Month) 11 (Day) 30 (Year) 1957

5. SEX ...

6. COLOR OR RACE ...

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) ...

8. DATE OF BIRTH 1871

9. AGE last birthday 86 yrs. If under 1 year: Months ... Days ... If under 24 hrs.: Hours ... Min. ...

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ...

10b. KIND OF BUSINESS OR INDUSTRY ...

11. BIRTHPLACE (State or foreign country) ...

12. CITIZEN OF WHAT COUNTRY? ...

13. FATHER'S NAME ...

14. MOTHER'S MAIDEN NAME ...

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ...

16. SOCIAL SECURITY NO. ...

17. INFORMANT AND ADDRESS ...

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic Heart Disease	4 mos.
42.0 Antecedent cause(s)	(b) Arteriosclerosis	Indefinite
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ...

19b. MAJOR FINDINGS OF OPERATION ...

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ...

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ... (CITY OR TOWN) ... (COUNTY) ... (STATE) ...

TIME OF INJURY (Month) (Day) (Year) (Hour) ... m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? ...

22. I hereby certify that I attended the deceased from July 30, 1957, to Nov. 30 1957, that I last saw the deceased alive on Nov. 30 1957, and that death occurred at 3:30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. A. Purnell, M.D. 800 W. main St. Salisbury, Md 12/2/57

23. BURIAL, CREMATION, REMOVAL (Specify) ... DATE 12-3-57 ... NAME OF CEMETERY OR CREMATORY ... LOCATION (City, town, or county) ... (State) ...

DATE REC'D BY LOCAL REG. ... REGISTRAR'S SIGNATURE ...

24. FUNERAL DIRECTOR ... ADDRESS ...

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 1 Yr. 2 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Russell & Pinehurst Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Russell & Pinehurst Ave.

3. NAME OF DECEASED (Type or Print): (First) Ha[illegible] (Middle) St[illegible] (Last) [illegible]
4. DATE OF DEATH: (Month) 11 (Day) 16 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan. 13, 1915
9. AGE last birthday: 36 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank M. Stewart
14. MOTHER'S MAIDEN NAME: Harriett Washbourne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mr. Russell E. Nichols, Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Liposarcoma, Left sciatic nerve — Interval between onset and death: 14 mon

193X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ----

54 [illegible]

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10.31.51
19b. MAJOR FINDINGS OF OPERATION: Liposarcoma Left sciatic nerve
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10.21., 1951, to 11.16., 1951, that I last saw the deceased alive on 11.16, 1951, and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE: H A Brill MD (Degree or title) ADDRESS: 5047 Dupont St DATE SIGNED: 11.20.51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 11/21/51
NAME OF CEMETERY OR CREMATORY: Parsons Cemetery
LOCATION (City, town, or county) (State): Salisbury Md

DATE REC'D BY LOCAL REG.: 11-21-51
REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR: The Hill & Johnson Co. Salisbury, Md. ADDRESS
George C Hill

NOV 26 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH
COUNTY ... MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ...
LENGTH OF STAY (in this place) ...
HOSPITAL OR INSTITUTION OR STREET ADDRESS ...

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE ... COUNTY ...
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ...
STREET ADDRESS (If rural, give location) ...

3. NAME OF DECEASED (Type or Print) (First) CLARENCE (Middle) CHESTER (Last) MILLER

4. DATE OF DEATH (Month) NOV. (Day) 24 (Year) 1957

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH August 10, 1894

9. AGE last birthday 63 yrs.

If under 1 year: Months 3 Days 16

If under 24 hrs.: Hours ... Min. ...

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer

10b. KIND OF BUSINESS OR INDUSTRY farm

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME J. T. [illegible]

14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ...

16. SOCIAL SECURITY No. ...

17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral Hemorrhage	10 days
442K Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 17a	(b)	Hypertension Arteriosclerotic	Unknown
	(c)	Cardiovascular Renal Disease	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ...

19a. DATE OF OPERATION ...

19b. MAJOR FINDINGS OF OPERATION ...

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ...

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ... (CITY OR TOWN) ... (COUNTY) ... (STATE) ...

TIME OF INJURY (Month) (Day) (Year) (Hour) ... m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? ...

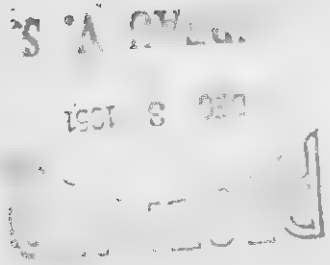
22. I hereby certify that I attended the deceased from 12 Nov., 1957, to 26 Nov., 1957, that I last saw the deceased alive on 26 Nov., 19 57, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Richard H. Saunders M.D. ADDRESS Manchester Md. DATE SIGNED 26 November 57

23. BURIAL, CREMATION, REMOVAL (Specify) ... DATE THEREOF 11-29-57 NAME OF CEMETERY OR CREMATORY ... LOCATION (City, town, or county) ... (State) ...

DATE REC'D BY LOCAL REG. ... REGISTRAR'S SIGNATURE ...

24. FUNERAL DIRECTOR ... ADDRESS ...



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place) 6 mos - 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deers Head Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Richardson Ave

3. NAME OF DECEASED (Type or Print): (First) Ovid (Middle) Henry (Last) Parks
4. DATE OF DEATH: (Month) 10 (Day) 19 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Feb. 20, 1890
9. AGE last birthday: 61 yrs. — If under 1 year: Months 7, Days 29 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Handy man
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Crisfield, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel H. Parks
14. MOTHER'S MAIDEN NAME: LAURA Miles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Hospital record.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	3 days.
441 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Nephrosclerosis.	
131 a	(c) Malignant Hypertension	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-9, 1951, to 10-19, 1951, that I last saw the deceased alive on 10-19, 1951, and that death occurred at 3:02 m., from the causes and on the date stated above.

SIGNATURE: Robert Stone (Degree or title): MD ADDRESS: Peerless Stock Farm DATE SIGNED: 10-19-51

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF: 10-21-51 — NAME OF CEMETERY OR CREMATORY: Crisfield Cemetery — LOCATION (City, town, or county) (State): Crisfield, Md

DATE REC'D BY LOCAL REG.: 10-19-51 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Leonard J. Covington — ADDRESS: Crisfield, Md

D. Mattox

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11441

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) R F D.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	John	Oliver	Quinton	Nov.	10	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white		May 10, 1874	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer	Farm	Berlin Md R2D	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Quinton	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No	no	Mrs Mary Quinton Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	2 years
	(c) Arteriosclerosis	2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

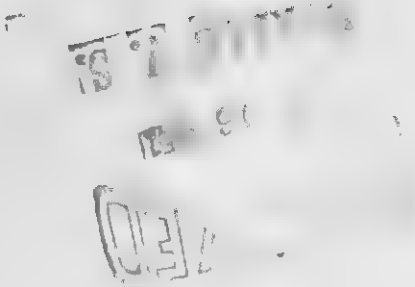
TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?
			m.			

22. I hereby certify that I attended the deceased from Nov. 8, 1951, to Nov. 12, 1951, that I last saw the deceased alive on Nov. 12, 1951, and that death occurred at 2:40 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D. Mattox	M. D.	Salisbury Md.	11/12/51

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11 14 51	Evergreen	Berlin	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-14-51	Mary W. Holloway	Emma A. Burbage	Berlin Md



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11548

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — STATE Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Confederate Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Mt Hermon Road

3. NAME OF DECEASED (Type or Print): (First) Hedley (Middle) Pitchforce (Last) Rayner
4. DATE OF DEATH: (Month) Nov. (Day) 24 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Dec 1867
9. AGE last birthday: 83 yrs. If under 1 year: Months / Days 23 / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Chelmsford England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Rayner
14. MOTHER'S MAIDEN NAME: Susannah Davidson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mr S. H. (Bert) Rayner (Son) Mt Hermon Road Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio vascular Renal disease — 3 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 49, to Nov. 24, 1951, that I last saw the deceased alive on Nov. 23, 1951, and that death occurred at 1 a.m., from the causes and on the date stated above.

SIGNATURE: Phys. (Degree or title) — ADDRESS Salisbury Md — DATE SIGNED 11/24/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF Nov. 25-51 | NAME OF CEMETERY OR CREMATORY Wicomico Mem. Park | LOCATION (City, town, or county) Salisbury (State) Md

DATE REC'D BY LOCAL REG. 11-26-51 | REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Holloway & Walter R. Holloway — ADDRESS Salisbury Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11449

Reg. Dist. No. 339

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke.
STREET ADDRESS (If rural, give location) 611 Walnut St

3. NAME OF DECEASED (Type or Print): (First) George (Middle) P (Last) Selby.

4. DATE OF DEATH: (Month) November (Day) 7 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: April 17, 1879

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Painter

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: William Selby

14. MOTHER'S MAIDEN NAME: Martha Payne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Ola M. Selby.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis

177X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Adenocarcinoma of prostatic metastasis

51X (c) Cerebral arteriosclerosis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma Prostate. — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 5:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Walter C Holloway Jr Salisbury Md. 11-8-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11/9/51 — NAME OF CEMETERY OR CREMATORY: Salem M E Cem — LOCATION (City, town, or county) (State): Pocomoke Md

DATE REC'D BY LOCAL REG.: 11-9-51 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR — ADDRESS: Jenny & Watson Pocomoke Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 1[illegible] 19[illegible]
BUREAU V. S.

11450

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Vernon.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Fillmore (Middle) (Last) Smith

4. DATE OF DEATH: (Month) 11 (Day) 23 (Year) 1951

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Sept. 15, 1868

9. AGE last birthday: about 83 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill laborer

10b. KIND OF BUSINESS OR INDUSTRY: lumber

11. BIRTHPLACE (State or foreign country): Pocomoke - Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Sallie Stevenson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): not — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Helen Smith - Rt 1 - Princess Anne — Boy 98

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic Cardiovascular disease	3 mos
845.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fractured Rt Femur	18 days
1952	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11/6/51 — 19b. MAJOR FINDINGS OF OPERATION: Fractured Rt Femur — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway — (CITY OR TOWN) N.T.D. — (COUNTY) Somerset — (STATE) Md

TIME OF INJURY (Month) 11 (Day) 5 (Year) 51 (Hour) 10 a.m. — INJURY OCCURRED While at work ☑ Not while at work ☐ — HOW DID INJURY OCCUR? Horse threw him from car

22. *I certify that I took charge of the remains described above, held an Autopsy ( ), Inspection (✓) Inquiry (✓) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ( ), accident (✓), suicide ( ), homicide ( ), undetermined ( )*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Carbaugh M.D. 502 No Division Salisbury Md 11/23/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11-25-51 — NAME OF CEMETERY OR CREMATORY: Finley Chapel — LOCATION (City, town, or county) (State): Pocomoke Worcester Co. Md

DATE REC'D BY LOCAL REG. 11-23-51 — REGISTRAR'S SIGNATURE: Emma H. Whayland — 24. FUNERAL DIRECTOR — ADDRESS: Dale Dashiell

Mary M. Hoffman

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11451

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pb. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 503. Howard St

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Henry (Last) Sparks
4. DATE OF DEATH: (Month) Nov. (Day) 4 (Year) 51

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH: Nov. 4-51.
9. AGE last birthday: yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): B. Hosp. Salisbury Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Richard Lee Sparks
14. MOTHER'S MAIDEN NAME: Hattie Lee Dashiell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Richard Lee Sparks for 503. Howard St. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Circulatory Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

.73.0
2000

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 3, 19 51, to Nov 4 5, 19 51, that I last saw the deceased alive on Nov 4, 19 51, and that death occurred at 6.30 P m., from the causes and on the date stated above.

SIGNATURE: Carrie L Dean (Degree or title) MD ADDRESS 203 W Church St Salisbury DATE SIGNED 11/5/51

23. BURIAL, CREMATION, REMOVAL (Specify): B. U. 5-31.
DATE THEREOF
NAME OF CEMETERY OR CREMATORY: Parsons Cem.
LOCATION (City, town, or county): Salisbury (State) Md

DATE REC'D BY LOCAL REG. 11-5-51
REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: [illegible] Walter R. Holloway
ADDRESS [illegible] Salisbury Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33 V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Md.
STREET ADDRESS (If rural, give location) Rose St. W.

3. NAME OF DECEASED (Type or Print): (First) Torey (Middle) (Last) Sparks

4. DATE OF DEATH: (Month) November (Day) 5 (Year) 1951

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —

8. DATE OF BIRTH: Aug 19 1951

9. AGE last birthday: 0 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Torey Sparks

14. MOTHER'S MAIDEN NAME: Virginia Pigeon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Virginia Sparks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acidosis - Dehydration	48 hr
571.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Infectious Diarrhea	96 hr
	(c) (Type Undetermined)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-4-, 1951, to 11-5, 1951, that I last saw the deceased alive on 11-5-, 1951, and that death occurred at 11:48 a.m., from the causes and on the date stated above.

SIGNATURE: William C. Morgan (Degree or title) M.D. ADDRESS: Salisbury, Md DATE SIGNED: 11/6/51

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF: 11-6-51

NAME OF CEMETERY OR CREMATORY: Parish Cem.

LOCATION (City, town, or county) (State): Salisbury Md

DATE REC'D BY LOCAL REG. 11-6-51

REGISTRAR'S SIGNATURE: Francis Hitchcock

24. FUNERAL DIRECTOR: Downes

ADDRESS: Salisbury Md

RECEIVED
DEC 3 1 '51
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 222

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS P.H. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS (If rural, give location) 306 Baker St.

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) (Last) Engall

4. DATE OF DEATH: (Month) Nov. (Day) 7 (Year) 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 11-6-51

9. AGE last birthday: ... yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min. 16 hrs

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): P.H. Hospt. Salisbury Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Carthen Engall

14. MOTHER'S MAIDEN NAME: Peggy Jean Stanford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Edward Carthen Engall 306 Baker St Salisbury Md

18. MEDICAL CERTIFICATION

306 Baker St Salisbury Md

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Atelectasis	16 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prematurity	16 hr
	(c)	

762 N
159

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-6-, 1951, to 11-7-, 1951, that I last saw the deceased alive on 11-7-, 1951, and that death occurred at 6 5B m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

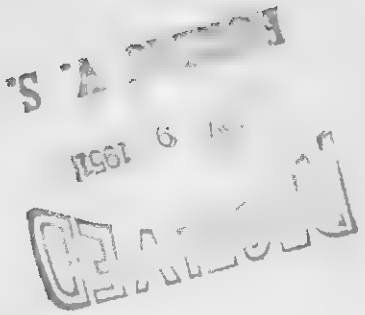
William C. Morgan M.D. Salisbury Md. 11/7/51

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 11-8-51 NAME OF CEMETERY OR CREMATORY Fairview Cem. LOCATION (City, town, or county) Salisbury Md. (State)

DATE REC'D BY LOCAL REG. 11-7-51 REGISTRAR'S SIGNATURE Mary Ellen Fitzgerald

24. FUNERAL DIRECTOR ADDRESS

Peter R. Pilchard



Item 18 Film G137 11-27-51 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1141

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and OR TOWN give nearest town) Salisbury — LENGTH OF STAY (in this place) 79 Yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Rt.#1
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt.#1 Salisbury	STREET ADDRESS (If rural, give location) Salisbury Rt.#1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LOUIS	ALBERT	TOWNSEND	11	8	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	Oct. 13, 1872	79 yrs.	-		-	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own Farm	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Albert Louis Townsend	Laurania Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO NO	None	Mr. Warden Townsend Salisbury Rt.#1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Metastatic Carcinoma	8 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Primary site probably the prostate. (11-27-51 ams)	
	(c)	

177X
51b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

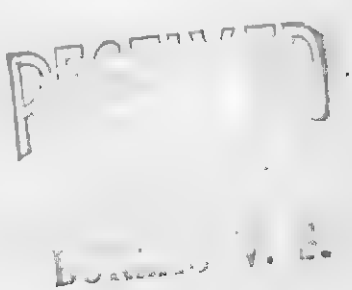
22. I hereby certify that I attended the deceased from May, 1951, to 11/8, 1951, that I last saw the deceased alive on 11/7/51, 19..., and that death occurred at 4:42 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Fred R. Pearce M.D.	Salisbury Md	11/9/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/10/51	Siloan Cemetery	Siloan, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-9-51	Mary M. Holloway	The Hill & Johnson Co.	Salisbury, Maryland

George C. Hill II



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela
LENGTH OF STAY (In this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bridge St

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela
STREET ADDRESS (If rural, give location) Bridge St.

3. NAME OF DECEASED (Type or Print): (First) Lottie (Middle) Charlotte (Last) Travers

4. DATE OF DEATH: (Month) 11 (Day) 28 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: May 25 1875

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Travers

14. MOTHER'S MAIDEN NAME: Martha Jane Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Essie Travers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Diabetes Mellitus

260 X 61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1st, 1951, to Nov. 27th, 1951, that I last saw the deceased alive on Nov. 27th, 1951, and that death occurred at 4.30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

William Emrich M.D. — Helen - Md — Nov. 30-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11-30-51 | NAME OF CEMETERY OR CREMATORY: Mardela | LOCATION (City, town, or county) (State): Mardela Md

DATE REC'D BY LOCAL REG. 12-1-51 | REGISTRAR'S SIGNATURE: Mary W. Holloway | 24. FUNERAL DIRECTOR: Paul Donald Haughton | ADDRESS: Md

RECEIVED
DEC 4 1951
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH 1150

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

VS. A15A

1. PLACE OF DEATH: COUNTY Wicomico — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) MARYLAND — HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess ANNE — STREET ADDRESS (If rural, give location) R.R.#2

3. NAME OF DECEASED (Type or Print): (First) James (Middle) (Last) Washington

4. DATE OF DEATH: (Month) 11 (Day) 22 (Year) 1951

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)

8. DATE OF BIRTH: Jan 19 1899

9. AGE last birthday: 52 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Factory Fireman

10b. KIND OF BUSINESS OR INDUSTRY: Canning Factory

11. BIRTHPLACE (State or foreign country): Suffolk, Va

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mose Washington

14. MOTHER'S MAIDEN NAME: Mary L. Lawrence

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 222-18-7548

17. INFORMANT AND ADDRESS: Thelma Harris

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Brain injury — 1 day

812.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway — (CITY OR TOWN) Westover — (COUNTY) Somerset — (STATE) Md

TIME OF INJURY (Month) 11 (Day) 4 (Year) 51 (Hour) 6 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Pedestrian struck by car

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑ Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Lafayette Mackenzie M.D. Hosp Med Staff — 502 No Div Salisbury Md — 11-27-51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 11-25-51 — NAME OF CEMETERY OR CREMATORY John Wesley Cemetery — LOCATION (City, town, or county) Princess Anne (State) Md.

DATE REC'D BY LOCAL REG. 11-25-51 — REGISTRAR'S SIGNATURE Mary M. Holloway — 24. FUNERAL DIRECTOR — ADDRESS William H. James, Princess Anne, Md

6800-VDV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place) 7 days; MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
STREET ADDRESS (If rural, give location) 8 East

3. NAME OF DECEASED (Type or Print): (First) Bertha (Middle) Anna (Last) Whayland
4. DATE OF DEATH: (Month) Nov. (Day) 24 (Year) 51

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 9-27-1889
9. AGE last birthday: 62 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): P. Nurse
10b. KIND OF BUSINESS OR INDUSTRY: P. Nurse
11. BIRTHPLACE (State or foreign country): Wicomico County
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George A. Niblett
14. MOTHER'S MAIDEN NAME: Mary E. Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-22-0389
17. INFORMANT AND ADDRESS: Elsie Whayland, Delmar, Delaware

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	Symptoms
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Atherosclerosis	2 yrs.
331X	(c) Essential Hypertension	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 17, 1951, to Nov. 24, 1951, that I last saw the deceased alive on Nov. 24, 1951, and that death occurred at 6 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
David Delmore M.D. Salisbury Md. Nov 25, 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 9-27-51
NAME OF CEMETERY: First Methodist
LOCATION (City, town, or county) (State): Delmar, Delaware

DATE REC'D BY LOCAL REG. 11-29-51
REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR ADDRESS: [illegible]

Dr. Gilman

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS P.H. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS 504 Gilmanton Rd. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lawrence (Middle) James (Last) Williams
4. DATE OF DEATH: (Month) Nov. (Day) 25 (Year) 51

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: June 23 1896
9. AGE last birthday: 55 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Poultry Plant
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William F. Williams
14. MOTHER'S MAIDEN NAME: Lucy Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: [illegible]
17. INFORMANT AND ADDRESS: Mrs Etta B. Williams (Wife)

18. MEDICAL CERTIFICATION — 504 Gilmanton Rd. Salisbury Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Cerebral Hemorrhage
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Cerebral Arteriosclerosis
(c)
INTERVAL BETWEEN ONSET AND DEATH: 6 days / 2 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 19, 1951 to Nov 25, 1951, that I last saw the deceased alive on Nov 25 1951, and that death occurred at 10.15 P. m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Lloyd Gilman M.D. Salisbury, Md. Nov. 27, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF Nov. 28-51 | NAME OF CEMETERY OR CREMATORY Pelham Cem. | LOCATION (City, town, or county) (State) Pelham Md

DATE REC'D BY LOCAL REG. 11-28-51 | REGISTRAR'S SIGNATURE Mary M. Holloway | 24. FUNERAL DIRECTOR Fitzgerald & Son | ADDRESS Salisbury, Md

John R. Fitzgerald

VS. A15

MARGIN RESERVE FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11459

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 115 Wood Street

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Lena (Last) Williams

4. DATE OF DEATH: (Month) November (Day) 19 (Year) 1957

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Aug. 7-1886

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): R.D. Delmar Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Washington Nichols

14. MOTHER'S MAIDEN NAME: Ruth Isabella Lowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr. Earl M. Williams (Husband) Salisbury Md

18. MEDICAL CERTIFICATION 115 Wood St. Salisbury Md

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Coronary Artery occlusion	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Atherosclerosis	Symptoms 1 yr.
	(c) Diabetes Mellitus	Symptoms 2 yrs.

260X 61

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cushings Syndrome — 2-3 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1957, to Nov, 1957, that I last saw the deceased alive on Nov. 18, 1957, and that death occurred at 7:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harold Johnson M.D. Salisbury Md. Nov 20 1957

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: Nov. 21-57 — NAME OF CEMETERY OR CREMATORY: Wicomico Mem. Park — LOCATION (City, town, or county) Salisbury (State) Md

DATE REC'D BY LOCAL REG. 11-20-57 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Holloway & Co. Salisbury Md

Walter R. Holloway

RECEIVED
NOV. 23 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 11460

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quantico; LENGTH OF STAY (in this place) all life; HOSPITAL OR INSTITUTION OR STREET ADDRESS At Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quantico; STREET ADDRESS (If rural, give location) -

3. NAME OF DECEASED (Type or Print): (First) John (Middle) H. (Last) Winder

4. DATE OF DEATH: (Month) 11 (Day) 18 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: A. A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: about 1880

9. AGE last birthday: about 71 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Creosote Plant

11. BIRTHPLACE (State or foreign country): Quantico, Wicomico Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Authur Winder

14. MOTHER'S MAIDEN NAME: Leah Ballard.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cancer Prostate Gland

177X Antecedent cause(s)

517 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteria Sclerosis - Chronic Valvular Heart Disease

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 24, 1951, to Nov 18, 51, that I last saw the deceased alive on Nov. 16 51, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James R Mann M.D. Salisbury Md 11/21/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 11-22-51 | NAME OF CEMETERY OR CREMATORY: Quantico Cemetery | LOCATION (City, town, or county) (State): Quantico, Wicomico Co. Md

DATE REC'D BY LOCAL REG. 11-22-51 | REGISTRAR'S SIGNATURE: Mary M. Holloway | 24. FUNERAL DIRECTOR ADDRESS: James B. Dashiell, Salisbury, Md.

RECEIVED
NOV 28 1951
BUREAU V. S.